REPORT

OF THE

SURGICAL DEPARTMENT

The New York Hospital

and

Cornell University Medical College

1943

By George J. Heuer, M.D.

THE SOCIETY OF THE NEW YORK HOSPITAL
525 EAST SIXTY-EIGHTH STREET
NEW YORK, N. Y.

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REPORT OF THE SURGICAL DEPARTMENT

OF THE

NEW YORK HOSPITAL AND CORNELL UNIVERSITY

MEDICAL COLLEGE

for the year 1943.

To the President of the Board of Governors of the New York Hospital and the President of the Board of Trustees of Cornell University:

The difficulties which I outlined in my last year's report in caring for patients, in teaching undergraduate and graduate students and in prosecuting research of necessity continued through the past year. The experience of attempting to carry on the work of a department in a teaching center with an inadequate professional staff, with a shortage of nurses and an inferior and constantly changing personnel as orderlies, maids and others, has however been very instructive; for it has enabled us more closely to determine, by a comparison of our situation before and since the War, the needs of a department in staff, nursing and other personnel in order properly to function. It is becoming more evident as time goes on that there are limitations in human endurance, in enthusiasm for patient care, teaching and research and in mental stability beyond which it is not wise to venture if we are to maintain a departmental group in a condition of good health, high morale and efficient, satisfactory work. All this, of course, we have long known; but the added experience should be valuable when readjustments come into question after the War.

The work of the Department shows litttle deviation from that of previous years. There was a slight increase in the total admissions to the surgical pavilions over 1942 and an increase of 9.0 per cent in admissions to the semi-private and private wards. There occurred a definite change not only in the age but in the seriousness of the condition of patients admitted to our pavilions.

The number of patients in the older age groups increased, and they entered the hospital later in the course of their diseases. We were, therefore, confronted with more serious surgical problems than in previous years and our postoperative mortality, as a result, increased slightly. The situation probably is explained by the changed conditions due to War — i.e. the absence of large numbers of younger people in the Armed Forces and in War Industries and the delay of the older people in seeking or promptly getting medical advice. The teaching of our medical students was conducted with a more greatly reduced staff than last year, a circumstance which placed a greater burden on those remaining with us. Research was fairly active although less so than in the years preceding the War.

I. Chronicle of the Staff. In my 1942 report I listed the names of 93 men associated with the various divisions of the Surgical Department who had entered the Army, Navy or Air Services. Since that report was written, 14 additional men have received commissions and are at present on active duty. These men are: Arthur Chenoweth, Eugene Cliffton, John F. Daley, David MacFarland, Vincent Gorman, John R. Willoughby, Jr., Frederick L. Liebolt, John Glasson, Cedric Jimerson, Harold C. Miles, Richard S. Osenkop and 3 dentists: Ernest Lloyd DuBrul, Thomas Carey and Leonard Montalbano. The total number in service is at present 107.

Of the 16 surgeons originally assigned to our Medical Unit, General Hospital #9, 12 have been members of our Resident staff of whom 9 completed their Resident training while 3 were members of our Resident staffs for varying periods of years. Six of the men who completed their Resident training have been detached from the unit and placed in charge of the surgical services of other station, evacuation or general hospitals. These men are: John Eckel, 262nd Station Hospital; William Cooper, 182nd General Hospital; Herbert Conway, 116th Station Hospital; Cranston Holman, 29th Evacuation Hospital; Samuel Moore, 56th General Hospital and Frank Glenn whose hospital unit we do not yet know. Of the men who completed their residencies, not assigned to our Ninth General Hospital we have been informed that two have been placed in charge of surgical services in Army and Navy units; Harold Genvert, 40th General Hospital and

William F. Nickel, Jr. New Dispensary Navy Air Station, Puerto Rico although the latter according to recent information has been transferred to another Unit. Ten men who completed their residencies in General Surgery or the Specialties of Surgery are in the service in various capacities as are 34 men who served from 1 to 3 or 4 years on the Resident staffs. But 5 surgical Residents (4 General Surgery, 1 Urology) who completed their surgical training since 1932 and who have been deemed essential to this Institution or have been disqualified for service are not in military service. Of the surgical interns who have served the Hospital, many, although at present an unknown number, are in the Army or Navy.

Of the Senior men listed on our staff, two are known to be the surgical chiefs of hospital units (William F. MacFee, Russel H. Patterson) and probably others of whom for the moment we have lost track. Others are in charge of Special services (Orthopedics, Urology, etc.) in various units. The total contribution to the medical arm of the service made by the Surgical Department of the Institution is, therefore, not inconsiderable.

Our effort to keep in touch with all men has been only partially successful. Our General Hospital #9 is at present active on an Island near New Guinea, and the units of Drs. Holman and Conway are in the same general vicinity. Eckel and his unit have followed the American Forces in Africa, Sicily and Italy. The units of Cooper, Moore and Genvert are in England, presumably awaiting the invasion. Individuals are scattered pretty well over the world but in many instances we know not where.

Since my last report Arthur Chenoweth and Eugene Cliffton completed their Residencies in General Surgery and have gone into military service. Drs. Barton McSwain and Donald Morrison have been advanced to fill their positions. Of the 8 surgical interns who came on the service March 1, 1943 three, Drs. Robert D. Deans, Philip D. Gordy and David S. Spear were advanced to the position of Assistant Residents. Our new interns are:

James E. Davis	University of Pennsylvania
Joel C. Goldthwait	Harvard
James L. Green	Cornell
Harold H. Hawfield	Duke University
George R. Holswade	Cornell
Henry Tesluk	Cornell
Walter Wahrenburger	Cornell

II. Service to Patients.

1. *Pavilion Service.*

A. *General Surgery.* During the year 1943, 2767 patients were admitted to the pavilions of General Surgery; a slight increase over 1942. Of the patients admitted 534 were not subjected to operation; and 2233 patients were subjected to 2815 operations.

(a) *Nonoperative Group.* The 534 patients were not subjected to operation either because operation was contraindicated or because operation was refused. Of the 534 patients, 513 were discharged from the hospital as cured, improved or unimproved. Twenty-one patients died in the hospital, a nonoperative mortality of 3.9 per cent. Autopsies were obtained in 14 or 66.6 per cent of those dying. The conditions causing death were automobile and other accidents, 6; advanced intestinal obstruction, 4; severe extensive burns, 3; advanced cancer, 3; massive gastrointestinal hemorrhage, 2; sudden unexplained death in goiter, 1; acute pancreatitis, 1; transfusion reaction, 1. The deaths are assembled in Table I.

(b) *Operative Group.* Upon 2233 patients 2815 operations were performed with 71 deaths, an operative mortality of 2.5 per cent, a case mortality of 3.1 per cent. In 1942 our operative mortality was 1.5 per cent, our case mortality was 1.8 per cent. We therefore had a higher death rate following surgery, a fact which will be commented upon later. In previous years the five commonest surgical conditions for which operation was performed (appendicitis, hernia, diseases of the thyroid gland, diseases of the gallbladder and biliary ducts and noncancerous diseases of the rectum and anus) comprised 44 per cent to 49 per cent of the total; the past year they comprised 39.9 per cent of the total. During 1943, 298 operations for appendicitis either without or

with the complication of abscess and peritonitis were performed without a death; 120 for diseases of the thyroid gland with 1 death (mortality 0.8 per cent); 316 for uncomplicated hernia without a death; 164 for noncancerous diseases of the gallbladder and biliary ducts with 3 deaths (mortality 1.8 per cent); and 210 for noncancerous diseases of the rectum and anus without a death. Of 1108 patients operated upon in this group there were 4 hospital deaths, a mortality of 0.36 per cent. Presumably due to the War, hernia operations markedly increased over previous years. Of the total number of 2815 operations performed, members of the Resident Staff performed 2546 with a mortality rate of 2.1 per cent.

A list of the operations performed in General Surgery is on file but, because of the shortage of paper, will not be printed. A brief analysis of the 71 deaths shows that 6 patients died after operations for acute emergency conditions (546 cases, mortality 1.1 per cent); 26 followed extensive operations for cancer (294 cases, mortality 8.8 per cent); 12 followed operations upon the brain, spinal cord and nerves (186 cases, mortality 6.4 per cent); 5 followed operations upon the thorax (86 cases, mortality 5.8 per cent); 1 followed thyroidectomy (120 cases, mortality 0.8 per cent); 3 followed operations upon the gallbladder and biliary tract (164 cases, mortality 1.8 per cent); 11 followed a variety of operations upon the gastrointestinal tract (724 cases, mortality 1.5 per cent) and 7 followed operations for miscellaneous surgical conditions (695 cases, mortality 1 per cent). The postoperative deaths are assembled in Table II. Our study of our admissions during 1943 in an attempt to find the causes of our increased mortality rate over 1942 and 1941 shows two significant facts: (1) there was a significant increase in the admission of patients in the older age groups and (2) they entered in a more advanced stage of their diseases. In 1941, 69 per cent of the operative deaths occurred in patients over 40 years of age; in 1943, 88 per cent of the operative deaths occurred in patients over 40 years of age. It would appear that the decrease in admissions of the younger adults and the increase in the admission of older people is another manifestation of the War.

The Resident Staff responded to 581 consultations requested by other departments during the year. One hundred and ninety-eight surgical patients were housed in the pavilions of the Pediatric

Department. In previous reports I have called attention to this situation and have suggested that the Children's Surgical Pavilion on the 7th floor be opened as soon as possible.

B. Urology. The Subdepartment of Urology under the direction of Dr. Stevens admitted 440 patients to its pavilion beds. Of these 122 were not subjected to operation and 6 died in the hospital, a nonoperative mortality of 4.9 per cent. Upon the remaining 318 patients, 391 operations were performed with 6 hospital deaths, an operative mortality of 1.5 per cent, a case mortality of 1.8 per cent.

The James Buchanan Brady Urological Service under the direction of Dr. Lowsley admitted 293 patients to its pavilion service. Of this number 93 were not operated upon with 5 deaths, a nonoperative mortality of 5.4 per cent; 200 patients had 256 operations with 7 deaths, an operative mortality of 2.7 per cent, a case mortality of 3.5 per cent. The deaths are assembled in Tables III and IV together with a statement of the autopsies obtained.

C. Orthopedic Surgery. The patients admitted and treated are listed under General Surgery.

D. Otolaryngology. The Subdepartment of Otolaryngology admitted approximately 808 patients to its pavilion beds and performed 584 operations without a hospital death. One nonoperative death occurred due to sudden respiratory arrest in a patient with marked swelling of the neck.

E. Ophthalmology. The Subdepartment of Ophthalmology admitted 230 patients to pavilion beds and performed 229 operations with 1 postoperative death. The deaths in Otolaryngology and Ophthalmology are listed in Tables III and IV.

Summary of Pavilion Services. General Surgery and the Specialties of Surgery admitted 4497 patients to their pavilion beds; and performed 4274 operations with 85 hospital deaths, an operative mortality of 1.9 per cent. A comparison of admissions with 1942 shows a decrease of 349 admissions and an increase of 17 surgical operations. The decrease in admissions occurred in the Subdepartments of Urology and Otolaryngology.

2. *Private and Semiprivate Services.* General Surgery and the Surgical Specialties admitted 1366 patients to the private service and 2001 to the semiprivate service, a total of 3367 patients. This

represents an increase in admissions over 1942 of 9 per cent. Two thousand seven hundred and one operations were performed upon these patients with 28 postoperative deaths, an operative mortality of 1.0 per cent.

Summary of Hospital Surgical Service. A total of 7864 patients were admitted to pavilion and private services of Surgery and a total of 6975 operations performed. There were 113 postoperative deaths, an operative mortality of 1.6 per cent.

3. *Our Patient and Other Ambulatory Services.* The Out Patient Department of General Surgery and the Specialties of Surgery admitted 15,865 new patients and received 89,300 patient visits. These figures represent a decrease in the admissions of new patients of 1359, but an increase in patient visits of 3796 over the preceding year. All departments shared in the decrease in new patients, and all departments shared in the increase in patient visits excepting Otolaryngology, Orthopedics and Brady Urology. In General Surgery there was an increase in total visits of 20 per cent. Five hundred and seventeen minor surgical operations were performed in the Out Patient Department and 681 plaster casts applied.

The Accident Pavilion admitted 15,545 patients and received a total of 17,861 visits. This represents an increase over the preceding year of 48 per cent in new patients and 36 per cent in total visits. It is the heaviest year in our history. The Accident Pavilion staff examined 6597 patients for admission to the hospital and admitted 2615 surgical patients to the surgical pavilions through this unit.

The Subdepartment of Physical Therapy gave a total of 27,110 patient treatments, a decrease of 849 compared with the preceding year.

The Surgical Follow-up Department sent out 14,155 letters or other communications to former surgical pavilion patients requesting their return to the Follow-up clinic for reexamination. As a result 5372 returned for examination and 4908 responded by letter or telephone. Of the patients followed during 1943, 87.6 per cent were closed with satisfactory follow-up records. At the end of the year the Department carried 7778 current cases and had closed 16,735 cases.

Dentistry saw 646 patients new to the Department and had a

total of 2920 visits, a decrease of 1957 visits as compared with 1942.

SUMMARY. The total patient visits of ambulatory patients to the various units of the Surgical Department during 1943 numbered 142,563. This is an increase over 1942 of 1.6 per cent.

4. *Anesthesia.* At the close of the year Dr. Ellen Foot, a former graduate of Cornell, was appointed the full-time Director of the Subdepartment of Anesthesia of the Surgical Department. While our previous organization of graduate nurse anesthetists under the direction of Miss Mullen has functioned in a highly satisfactory manner, I believe the addition of Dr. Foot will prove to be a definite step forward both in the teaching and research in the field of Anesthesia. Our present staff consists of Dr. Foot, Director, 10 graduate nurse anesthetists and 2 student anesthetists in training.

During the year 1943, the members of the Subdepartment of Anesthesia administered 5302 anesthetics to pavilion, semiprivate and private patients. Of the 5302 anesthesias administered, 3121 were wholly inhalation anesthesias; 797 were local, spinal, caudal or other method combined with inhalation anesthesia; 822 were wholly local anesthetics; 466 were wholly spinal, of which 33 were continuous spinal; while 96 were a variety including sodium pentothal, caudal, avertin and colonic ether.

Following anesthesia a total of 76 postoperative pulmonary complications are recorded. These include 38 cases of bronchopneumonia, 33 of pulmonary atelectasis, 3 of pulmonary embolism and infarction, 1 of lobar pneumonia and 1 of virus pneumonia. A careful analysis of these cases shows that of the 38 cases of bronchopneumonia, 3 are doubtful from the viewpoint of diagnosis, the lesion being slight if any and not verified by x-ray. In this group of 38 patients, 1 died. In the group of 33 patients with pulmonary atelectasis all patients recovered from this condition but one subsequently died in the hospital from coronary occlusion. In the group of 3 patients with pulmonary embolism and infarction, one recovered and two died. The patient who recovered had a single classical infarct. Of the two patients who died, one showed at autopsy thrombi in the left iliac artery and periprostatic veins and multiple emboli in the pulmonary arteries; the other had 3 successive episodes on the 5th, 8th and 15th post-

operative days, in the last of which she died. This patient showed at autopsy thrombosis of the veins of her thighs and pulmonary emboli. It is possible that ligation of the veins would have averted a fatal outcome in this patient. The two patients with lobar and virus pneumonia both recovered.

The record shows that of 5302 patients anesthetized for operation, 76 or 1.4 per cent had some form of postoperative pulmonary complication from which 3 died. This is a death rate from pulmonary complications of 0.05 per cent; a death rate in those with pulmonary complications (76) of 4 per cent. While the incidence of postoperative pulmonary complications increased from 0.9 in 1942 to 1.4 per cent in 1943, the death rate declined from 0.1 per cent to 0.05 per cent. It is the lowest death rate from postoperative pulmonary complications since the hospital opened and can be attributed to the low death rate from pneumonia due presumably to the use of the sulfa drugs and to the diminished incidence of pulmonary embolism and infarction. That we should have had but 3 instances of the latter complications among 5302 patients subjected to operation (0.05 per cent) is a very satisfactory experience.

5. *Surgical Pathology.* The laboratory under the direction of Dr. Foot, examined, diagnosed and recorded 5344 surgical pathological specimens, a decrease of 220 over the preceding year.

6. *Operating Rooms.* In the Operating Rooms upon the 10th floor, 5527 operations were performed and 879 treatments given; in the Operating Rooms upon the 11th floor 1866 operations were performed. The transfer of operations upon private and semiprivate patients in Otolaryngology from the 10th to the 11th floor operating rooms has largely been responsible for an increase in the operations upon the 11th floor. The arrangement appears satisfactory both to the Otolaryngological and Ophthalmological services. Considering the marked decrease in our Resident staffs and the shortage of nurses incident to the War, the work in the operating rooms has not gone too badly although it has been far from ideal. When it is considered that actually a greater number of operations than usual were performed with about 60% of our previous house staff, it will perhaps be appreciated that we have labored under difficulties.

Comments on the Care of Patients. Extensive comments

on our services to patients will not, this year, be made. Considering the difficulties under which we have worked — the shortage of the professional and nursing staffs and the shortage and rapid turn-over of orderlies, maids and others, it can be said that patients under our care have received a high quality of service. It is a pleasure to record the evident determination of the professional and nursing staffs to accept a difficult situation and work to the point of exhaustion in the care of the sick. It is also a pleasure to record my appreciation and that of my staff for the good work of the nurses Aids and the Volunteer Orderlies who have contributed greatly to the work of the department.

II. Teaching. The undergraduate teaching of medical students was carried on much as in the preceding year but with a further reduction in our senior teaching staff. Courses in surgery have been increased rather than diminished in number; for in view of the limited internship of 9 months and the difficulties in acquiring experience beyond this period, it has appeared wise to give as much instruction as possible during the undergraduate period. Our program of advanced education in surgery, organized on the basis of the resident system, greatly has suffered. The War Department permits us to advance only a limited number of men with 9 months' intern training to our resident staff; permits only a fraction of these to remain with us beyond a 9 months period; and does not permit any, excepting those physically disqualified, to remain with us beyond an 18 months' period. The total experience in surgery a limited number of physically qualified men may now get is 27 months including the internship; a period obviously too short adequately to train men in surgery. The rigid adherence to this program appears to us a short-sighted policy; for it fails to provide now and in the immediate post-war period a proper proportion of adequately trained physicians and surgeons. Even if the War is over this year, there will be a lag of several years before we can again produce properly trained surgeons. The medical experience gained in the war cannot be considered a substitute for the training received in educational institutions; for the letters I have received from young men in the service clearly indicate that in their opinion they will be poorly equipped to take up civil, peace-time practice. Nor will the organization of post-war courses for ex-service doctors now widely discussed among medical institutions, even if successfully carried out, pro-

vide the training and experience for leadership in medicine which we now need and shall need in the post-war period. This situation would be far less serious if educational institutions were permitted to continue one of their most important functions — the advanced education of men in medicine and surgery.

III. RESEARCH. A list of 90 papers, either published or in the hands of publishers, is appended without comment. The list is incomplete because of our failure to contact men widely scattered over the world. With reference to War Surgery, investigations actively have been carried on in the treatment of wounds, in the repair of injured vessels, in burns and in peptic ulcer.

GRANTS IN AID OF RESEARCH received during the year include:

John and Mary Markle Foundation (for jejunal transplants)....$5000.00
Wallace and Tiernan Products Company (wound infection and burns) $4000.00
Given Fund $5000.00
Rufus Cole Fund (Urology) ....$ 500.00
Bullitt Gift (Urology) ....$ 500.00
John Jacob Astor Pavilion Fund, N.Y.H. (Otolaryngology)....$1500.00
Anonymous $2700.00

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TABLE I. *Nonoperative Deaths.* General Surgery

NUMBER	AGE	PRIMARY CONDITION	CAUSE OF DEATH	AUTOPSY
347683	6	Extensive burns	Toxemia	Med. Exam.
347009	60	Nontoxic nodular thyroid	Sudden death, cause unknown	no
349535	59	Cancer of cecum	Cachexia, generalized carcinomatosis	yes
350674	69	Burns	Shock	Med. Exam.
123691	60	Accidental amputation of leg	Shock	Med. Exam.
268859	22	Accident; fractures	Shock	Med. Exam.
84815	41	Acute hemorrhagic pancreatitis	Toxemia, paralytic ileus	yes
353101	67	Transfusion reaction	Sudden death; cause unknown	yes
350195	57	Cancer of stomach	Cachexia, ascites, hemorrhage	yes
152090	63	Automobile accident; fractures	Shock	Med. Exam.
353616	45	Automobile accident; fractures	Shock	Med. Exam.
346758	71	Fracture of hip; Parkinsonism	Erysipelas, debility	yes
329386	2	Accident, fractures	Shock	no
2539	44	Previous gastroenterostomy	Hematemesis, thrombosis popliteal artery gangrene leg	no
177646	65	Massive G.I. hemorrhage	Hemorrhage, shock	no
341189	55	Intestinal obstruction; Gyn. case	Shock, toxemia	yes
311583	58	Cancer of pancreas	Carcinomatosis, cachexia	no
299534	57	Burns	Toxemia	no
368184	59	Intestinal obstruction	Shock, peritonitis	no
369581	63	Intestinal obstruction	Shock, toxemia	Med. Exam.
371321	63	Intestinal obstruction	Shock, toxemia	yes

TABLE II *Operative Deaths.* General Surgery

Emergency

NUMBER	AGE	PRIMARY CONDITION	OPERATION	CAUSE OF DEATH	AUTOPSY
349170		Strangulated hernia	Reduction of hernia	Toxemia, diarrhea; shock	no
29775	70	Perforated ventral hernia	Closure perforation	Peritonitis	no
357842	56	Leukemia, appendiceal abscess	Drainage abscess	Sudden death; hemorrhage ?	no
365047	6	Abscess in right lower quadrant	Exploration, drainage abscess	Diffuse hemorrhage (Friderich-Waterhouse syndrome); shock	
371736	57	Bleeding peptic ulcer	Exploratory laparotomy	Hemorrhage, shock	yes
345809	3 mos.	Acute intestinal obstruction	Resection of bowel	Toxemia, shock	no

Cancer

361707	48	Cancer of sigmoid	Colostomy, cholecystectomy	Pneumonia, terminal	yes
366431	50	Cancer of stomach	Resection stomach	Metastases to liver	yes
253172	69	Cancer of esophagus	Esophagogastrostomy	Thrombosis vena cava and iliac veins	no
259062	55	Cancer of ovary	Exploration, colostomy	Carcinomatosis peritoneal cavity	yes
220748	57	Cancer of breast, recurrent	Radical mastectomy	Pulmonary embolism	yes
371738	55	Obstruction duodenum; cancer head of pancreas	Gastroenterostomy	Cancer pancreas with metastases, nephritis	yes
288997	51	Cancer of prostate, carbuncle	Inc. & Dr. carbuncle	Uremia	no
348327	47	Cancer of rectum	Colostomy	Hemorrhage from duodenal ulcer	yes
349186	65	Cancer esphagus and stomach	Jejunostomy	Carcinomatosis, cachexia	yes
350248	59	Cancer of stomach	Gastric resection	Myocarditis	yes
351013	51	Cancer of rectum	Colostomy	Renal failure	no

Cancer—continued

NUMBER	AGE	PRIMARY CONDITION	OPERATION	CAUSE OF DEATH	AUTOPSY
338991	65	Intraabdominal abscess; intestinal obstruction cancer of colon	Ileocolostomy	Toxemia, shock	no
349125	59	Cancer of rectum	Colostomy	Perforation of lesion, pelvic abscess	yes
351265	61	Cancer of kidney	Exploration	Cardiac failure	yes
352562	43	Cancer of thyroid	Rhizotomy for pain	Shock, cachexia	yes
2642	67	Cancer of stomach	Gastrostomy	Peritonitis ?	no
210246	52	Generalized carcinomatosis	Exploratory laparotomy	Cachexia, shock, intestinal obstruction	yes
355347	59	Carcinomatosis	Exploratory laparotomy	Carcinomatosis, hepatic metastases	no
308005	44	Lymphosarcoma, generalized	Exploratory laparotomy	Exhaustion, malignant disease	no
359179	66	Cancer of pancreas	Choledochotomy	Renal failure	no
307396	89	Cancer of stomach	Gastric resection	Pneumonia, peritonitis	yes
362406	65	Cancer of rectum	Sigmoidostomy	Metastases, exhaustion, ascites	yes
357800	59	Cancer of esophagus	Gastrostomy	Exhaustion, Jaundice, malnutrition	no
361985	88	Cancer of anus and face	Colostomy	Bronchopneumonia	yes
363062	41	Cancer of colon	Colostomy	Pulmonary embolus	yes
364355	60	Cancer of tonsil, hemorrhage from carotid artery	Ligation common carotid	Hemiplegia, cerebral softening	yes

Brain, Spinal Cord and Nerves

NUMBER	AGE	PRIMARY CONDITION	OPERATION	CAUSE OF DEATH	AUTOPSY
347215	42	3rd ventricle tumor	Exploratory craniotomy	Terminal pneumonia	yes
350231	42	Intractable pain	Sympathectomy (root section)	Wound infection, coma	yes
151831	42	Brain abscess	Drainage of abscess	Coma; death 48th p o. day	yes
333181	56	Intractable pain, cancer lung	Cordotomy	Exhaustion, shock	no
354619	54	Pituitary tumor	Partial removal of tumor	Coma; intracranial pressure	yes
357828	34	4th ventricle tumor	Partial removal of tumor	Shock; 2nd p.o. day	no
353724	30	Osteoma frontal sinus	Exploration	Subdural abscess	yes
368552	52	Intractable pain	Rhizotomy	Coma; cause unknown	no
371323	33	Meningioma	Partial removal	Cerebral edema; intracranial pressure	yes
372985	57	Subdural hematoma	Removal hematoma	Coma; cerebral edema	yes
369643	2 mos.	Dermoid tumor brain	Extirpation	Shock	yes
343160	61	Pain in rectum	Cordotomy	Intracranial hemorrhage	yes

Thyroid

347371	60	Toxic nodular goitre	Thyroidectomy	Auricular fibrillation, hypertension	yes

Thorax

231944	31	Pulmonary tuberculosis	Thoracoplasty	Amyloidosis	yes
306435	47	Empyema	Drainage empyema	Septicemia	yes
358513	5 mos.	Mediastinal tumor	Thymectomy	Sudden death: cause unknown	no
3466377	45	Abscess lung	Inc. & Drainage	Bronchopneumonia	yes
346377	53	Abscess lung	Inc. & Drainage	Cerebral abscess	no

Gallbladder and Biliary Tract

NUMBER	AGE	PRIMARY CONDITION	OPERATION	CAUSE OF DEATH	AUTOPSY
344681	59	Cholecystitis	Cholecystectomy; exploration common duct	Death 25th p.o. day; pulmonary edema ?	no
358707	64	Cholelithiasis	Cholecystostomy	Shock, absence of adrenals	yes
365980	64	Cholelithiasis	Cholecystectomy	Peritonitis	yes

Miscellaneous Gastrointestinal

295179	66	Intestinal obstruction; cirrhosis of liver	Cecostomy	G.I. Hemorrhage	yes
343860	45	Perforated peptic ulcer	Plication of ulcer	Peritonitis, diaphragmatic abscess	yes
155308	44	Rectal stricture	Colostomy	Pulmonary edema, pneumonia	yes
213875	58	Duodenal ulcer	Jejunal transplant	Shock; pulmonary edema ?	yes
217509	29	Jejunal ulcer, perforated	Plication	Peritonitis	yes
363529	49	Fecal fistula	Anastomosis	Auricular fibrillation; cardiac failure	no
360699	71	Gastric ulcer	Gastrectomy	Postoperative hemorrhage, shock	yes
368226	20	Colitis	Ileostomy	Shock	yes
372198	25 days	Intestinal obstruction	Removal impacted feces	Incomplete stricture of colon; cause of death not determined	yes
				Cerebral abscess	no
371776	46	Perforated duodenal ulcer	Plication	Cerebral accident	no
368954	75	Previous gastric resection	Dismantling gastric resection		

Miscellaneous Conditions

NUMBER	AGE	PRIMARY CONDITION	OPERATION	CAUSE OF DEATH	AUTOPSY
347708	45	Diabetes, nephritis	Inc. & Drainage carbuncle	Uremia	yes
351728	64	Cardiorespiratory disease	Amputation leg for gangrene	Cardiac failure; terminal pneumonia	yes
351465	61	Diabetic gangrene	Amputation leg for gangrene	Diabetic coma	yes
340640	20	Lupus erythematosis	Exteriorization of bowel	Spreading gangrene of bowel	yes
358697	78	Cirrhosis of liver	Exploratory laparotomy	Cirrhosis of liver	yes
325914	46	Gangrene of leg	Amputation leg	Cardiac failure	yes
363078	42	Abscess of liver	Drainage (6 operations)	Suppurative hepatitis, liver abscess	yes

TABLE III *Nonoperative Deaths.* Surgical Specialties

Stevens Urology

NUMBER	AGE	PRIMARY CONDITION	CAUSE OF DEATH	AUTOPSY
271918	73	Cancer of bladder	Pyelonephritis	yes
240666	69	Cancer of bladder	Pneumonia	yes
353726	75	Generalized carcinomatosis	Uremia	no
317531	60	Obstruction neck of bladder	Pyelonephrosis	yes
364389	77	Cancer of bladder	Cardiac failure	no
102013	62	Ureteritis	Uremia	yes

Brady Urology

351810	75	Pyelonephritis	Cardiac decompensation	no
366102	66	Uremia, chronic nephritis	Uremia	no
368530	66	Cancer of bladder	Anemia; exhaustion; pneumonia	yes
366437	60	Pyelonephritis	Toxemia	no
355240	43	Lymphosarcoma of prostate	Cardiac decompensation	no

Otolaryngology

374398	43	Diabetic acidosis, swelling of neck	Sudden respiratory arrest	no

TABLE IV *Operative Deaths.* Surgical Specialties

NUMBER	AGE	PRIMARY CONDITION	OPERATION	CAUSE OF DEATH	AUTOPSY
Stevens Urology					
349081	66	Benign prostatic hypertrophy	Suprapubic cystolithotomy	P.o. gastric hemorrhage	no
314018	48	Accident; ruptured bladder	Exploration; cystotomy	Pulmonary embolus	yes
361699	71	Cancer of bladder	Ureterostomy	Thrombosis pelvic veins, uremia	yes
363931	62	Cancer of bladder	Ureterostomy	Gastric hemorrhage	yes
310862	44	Cancer uterus with metastases to vagina, bladder, liver, etc.	Ureterointestinal anastomosis	Cachexia	yes
370662	71	Prostatic hypertrophy	Ligation vas deferens	Cardiac failure	no
Brady Urology					
199475	55	Cancer of urethra	Cystotomy	Coma, cerebral accident	yes
189631	79	Adenocarcinoma of bladder	Suprapublic cystotomy	Cardiac failure	yes
199203	57	Ruptured urethra	Urethrotomy	Pneumonia	yes
100769	59	Cancer of bladder	Cystotomy	Cachexia, exhaustion	yes
371716	66	Prostatic hypertrophy	Cystotomy, removal calculi	Pulmonary infarct	no
30171	77	Prostatic hypertrophy	Transurethral resection	Coronary thrombosis	no
344658	51	Cancer of bladder	Cystectomy, prostatectomy	Cachexia, toxemia	no
Ophathalmology					
361913	69	Cataract	Cataract extraction	Cerebral accident	no